## **Financial Log Results**

Found: 1 Displaying: 1 - 1

Search Results for Claim Number: 040510055305

Financial Type:

**Payment** 

**Check Amt:** 

403,008.00 USD

**Group Status:** 

Posted

Issue Date: 10/18/2010

Payable To:

Juan A. Rodrigue

Performer:

Nyleptha Velez-Caballero

Payment Method: Regular

**Check Number:** Financial Ctgy /

000006199310

Claimant/Line /

Svc/Benefit **Start Date** 

**Check Detail** 

Amt

**LOSS PAID** 

01-0 Chi Chi Roc

403,008.0





## 303-D**ളപ്പപ്പാട്ടു** POLICY NUMBER 10989071-03 AGENT Seibert-Keck Insurance

Agency, Inc.

PROOF OF LOSS

Filed

TO

Amount of Policy	
\$403,008	
ISSUED	EXPIRES
01/25/2010	01/25/2011



To the Great Northern Insurance Company. At time of loss by the above referenced policy of insurance you insured against loss to the property described according to the terms and conditions of the aforementioned policy and all forms, endorsements, transfers and assignments attached thereto.

- 1. Time and Origin: A theft occurred about the hour of 2:00am on the 19th day of May of 2010. The cause and origin of the said loss was: Theft of scheduled items during an armed robbery.
- The building described, or continuing the property described, was occupied at the time 2. Occupancy: of the loss as follows, and for no other purposes whatever: All the Scheduled Jewelry under the Itemized Articles coverage.
- At the time of the loss the interest of your insured in the property described therein was 3. Title and Interest: our own. No other person or persons had any interest therein or encumbrance thereon, except.
- Since the said policy was issued there has been no assignment thereof, or change of 4. Changes: interest, use, occupancy, possession, location or exposure of the property described, except:
- 5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss \$403,008, as more particularly specified in the above referenced policy, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

6. The Gross Amount Claimed of said property at the time of the loss was:

\$403,008.00

7. Less the policy Deductible of:

\$0.00

8. The Net Amount Claimed under the above numbered policy is:

\$403,008.00

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of County of Insured Signature X 6

Insured Signature

Subscribed and sworn to, before me this:

day of

any person who knowingly and with intent to depraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the furpose of misleading, information concerning any fact material thereto commits a frautulent insurance ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

## SUBROGATION RECEIPT

RECEIVED OF THE Great Northern Insurance Company, the sum of Four Hundred Three Thousand Eight Dollars (\$403,008.00) in full settlement of all claims and demands of the undersigned for loss and damage by theft to all the Scheduled Jewelry Itemized Articles occurring on the 19th day of May AD 2010 to the property described in Policy Number 10989071-03 issued through the Seibert-Keck Insurance Agency.

In consideration of and to the extent of said payment the undersigned hereby subrogates said Insurance Company, to all of the rights, claims and interest which the undersigned may have against any person or corporation liable for the loss mentioned above, and authorizes the said Insurance Company to sue, compromise or settle in the undersigned's name or otherwise all such claims and to execute and sign releases and acquittances and endorse checks or drafts given in settlement of such claims in the name of the undersigned, with the same force and effect as if the undersigned executed or endorsed them.

Warranted no settlement has been made by the undersigned with any person or corporation against whom a claim may lie, and no release has been given to anyone responsible for the loss and that no such settlement will be made nor release given by the undersigned without the written consent of the said Insurance Company and the undersigned covenants and agrees to cooperate fully with said Insurance Company in the prosecution of such claims, and to procure and furnish all papers and documents necessary in such proceedings and to attend court and testify if the Insurance Company deems such to be necessary but it is understood the undersigned is to be saved harmless from costs in such proceedings.

\_\_\_\_signature and/or seal this \_\_\_\_\_ day of

WITNESS:  (Notarization to be com	OFFICER pleted on losses where local law requires it.)
FOR INDIVIDUALS STATE OF: Puet Ru 13, 278  COUNTY OF: Bayamin  ON THE 13 DAY OF 6 to ber 2016	FOR CORPORATIONS STATE OF:  COUNTY OF:  ON THEDAY OF, 20
BEFORE ME CAME JULIA R. L. M. J. L. L. L. R. L. L. L. R. L. L. L. L. L. R. L.	BEFORE ME CAME
Mighalia iries la	NOTARY

In Witness whereof

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.